PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

09/639990

CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY		
FOR		NUI	MBER FILED	NUMBER	NUMBER EXTRA		FEE]	RATE	FEE
BASIC FEE							345.00	OR		690.00
TOTAL CLAIMS		(q minus	20= *		X\$ 9=	=	OR	X\$18=	
	EPENDENT CL	, l	minus	3 = *	*		:	OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT					+130=	=	OR	+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2						TOTAL	L	OR	TOTAL	68.00
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY		
AMENDMENT A		CLAIMS REMAININ AFTER AMENDME	IG 💮	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDV	Total	· 13	Minus	-20	=	X\$ 9=	:	OR	X\$18=	
AME	Independent	NTATION OF	Minus F MULTIPLE DEI	1 *** 3	=	X39=		OR	X78=	
	THESE	MATION O	WIDETIFEE DE	LINDENT CLAIR	vi	+130=	=	OR	+260=	
						TOTA ADDIT. FE		OR	TOTAL ADDIT. FEE	
		(Column		(Column 2)	(Column 3)	ADDI1. FC		-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
AMENDMENT B		CLAIMS REMAININ AFTER AMENDME	IG N	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**	=	X\$ 9=	•	OR	X\$18=	
AME	Independent	*	Minus F MULTIPLE DEI	***	=	X39=		OR	X78=	
	THOTFHESE	NATION	WOLLIFLE DE	LINDENT CLAIR	VI .	+130=	=	OR	+260=	
						TOT/ ADDIT. FE		OR	TOTAL ADDIT. FEE	
		(Column		(Column 2)	(Column 3)	•				
AMENDMENT C		CLAIMS REMAININ AFTER AMENDME	IG	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON NON	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***	=	X39=			X78=	1
	FIRST PRESE	NTATION O	F MULTIPLE DEI	PENDENT CLAIN	M		1	OR		
• 14	f the entry in colur	mn 1 is less th	an the entry in colu	:mn 2 write "N" in c	column 3	+130=		OR	+260=	
1	f the "Highest Nur If the "Highest Nur	mber Previous mber Previous	sly Paid For" IN THI Sly Paid For" IN THI y Paid For" (Total o	S SPACE is less th S SPACE is less th	nan 20, enter "20." nan 3, enter "3."	710011.1	E	OR	TOTAL ADDIT. FEE	

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

LODI ICLTION NO DOCK	. A911 20 BO	
APPLICATION NUMBER:	09/639990	
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Total Fee Calculation

	Fee Cade	Total # Claims	Number Ettra	X	Fcc	Fac •	Total
	Sm./Lg.				Sm. Entity	Lg. Entity	-
Busic Filing Fee	201/101					690,00 .	650,00
Taul Claims >20	203/103	-20 •		х .		•	
Independent Claim: >3	202/102	-1-	-	Х			
Mult. Dep Claim Present	204/104						
Surcharge	205/105	•				130,00 ·	130,00
English Translation	139						
TOTAL FEE CALCULA	NON		·				\$20,00
Fees due upon filing t	he application.				•		
Total Filing Fees Due	= 5	820,00					
Less Filing Fees Subn	પાંતર ે - S	-,					
BALANCE DUE	= \$	320.00					
D. Thoma	د قم				•	,	
Office of Initial Patent	Examination						

Figure 7

FORM OIPE-RAM-01 (Rev. 12/97)